

U.S. DEPARTMENT OF THE INTERIOR
FISH AND WILDLIFE SERVICE

UNIFORM ALLOWANCE AUTHORIZATION AND CHANGE FORM

DATE: _____ EMPLOYEE'S NAME: _____
Last First Middle Initial FEMALE ☐
MALE ☐

If name has changed from
previous authorization, note: _____

EMPLOYEE'S ACCOUNT NO. _____ EMPLOYEE PREVIOUSLY AUTHORIZED YES ☐
(employee's Social Security Number) ALLOWANCE (check one) NO ☐

ORGANIZATION CODE _____ SUBACTIVITY NUMBER _____ CHANGE IN INFORMATION ☐
(explain in remarks)

FIELD STATION NAME: _____

UPS/SHIPPING ADDRESS: _____

City State Zip Code

TYPE OF APPOINTMENT: FULL TIME EMPLOYEE ☐ PART-TIME EMPLOYEE ☐ TEMPORARY EMPLOYEE ☐

ALLOWANCE COMPUTATION

TYPE OF ALLOWANCE (Check one)

☐ INITIAL ☐ ADJUSTED INITIAL
☐ REPLACEMENT ☐ ADJUSTED REPLACEMENT
☐ CATEGORY CHANGE (class/season)

AUTHORIZED CATEGORY (Check as appropriate)

CLASS(ES): ☐ CLASS A ☐ CLASS B ☐ CLASS C
SEASON(S): ☐ SUMMER ☐ WINTER
☐ BOTH SUMMER AND WINTER

ALLOWANCE PERIOD BEGINNING: _____ ENDING: _____

CURRENT AUTHORIZED AMOUNT: _____

THIS ACTION (AMOUNT): _____

ADJUSTED AUTHORIZED AMOUNT: _____
(show calculation in remarks)

EMPLOYEE TERMINATION

DATE OF TERMINATION: _____ CANCEL ITEMS ON ORDER ☐ SHIP ITEMS ON ORDER ☐

REMARKS

THE UNIFORM ALLOWANCE AMOUNT PRESCRIBED ABOVE CANNOT BY LAW EXCEED \$400 PER ANNUM.

AUTHORIZING SIGNATURE: _____

AUTHORIZING NAME AND TITLE: _____
(please print or type)

GENERAL INSTRUCTIONS

Prepare this form as indicated below to establish or make changes to credit allowance accounts for employees authorized to wear the uniform. Upon completion, mail the contractor's copy (green) to: R & R Uniforms, Inc., P.O. Box 27004, Nashville, TN 37202-7004. The employee's copy (blue) should be retained by the employee authorized to wear the uniform. The administrative copy (yellow) should be retained by the authorizing office/field station.

SPECIFIC INSTRUCTIONS

Employee and Station Information

Date and Employee's Name - Self explanatory.

Employee's Sex - Check as appropriate.

Employee's Account Number - Enter the employee's social security number.

Employee Previously Authorized Allowance - Check appropriate box. If employee has ever been authorized an allowance which was terminated, because of transfer or for any reason, and an allowance is to be authorized again, check "yes." Records still exist in the computer files.

Organization Code - Enter the organization code for the employee's field station.

Subactivity Number - Enter the subactivity number authorized to currently fund the employee's uniform allowance. This must be authorized by Regional Office.

Change in Information - Check if updating or changing an existing allowance account. Give brief explanation in Remarks section.

Field Station Name - Enter the complete name of the field station.

UPS/Shipping Address - Enter the complete shipping address of the field station, including city, state and zip code. Uniforms are not to be shipped to home addresses. For stations receiving uniforms by mail, insure that address is correct.

Type of Appointment - Self explanatory.

Allowance Computation

Type of Allowance - Check appropriate box.

Authorized Category - Check as appropriate which classes and seasons the employee is authorized to obtain and wear.

Allowance Period - Enter the dates the allowance period begins and ends. For full-time, permanent employees the ending date would be September 30, 19__.

Current Authorized Amount - Enter the amount of the current authorization.

This Action - Enter the amount of any changes, including new authorizations.

Adjusted Authorized Amount - Enter the adjusted allowance amount. Show calculations for part-time or partial allowances in the Remarks section.

Employee Termination

Date of Termination - If an employee is terminated from the Service (resigns, retires, etc.), show the date and disposition for any items currently on order.

Remarks

Space for any special explanations, details and calculations necessary.

Authorizing Signature - Completed form must have an authorizing signature for account activation or amendment. Signature level should be field station manager or supervisor at Regional and Washington Off-ices.

Authorizing Name and Title - Type the name and title of the authorizing official.